

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/674403

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
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47	/					
48	/					
49	/					
50	/					
TOTAL IND.	444	0	11	8		
TOTAL DEP.	5	0	1	0	0	0
TOTAL CLAIMS	49	0	12	8	0	0

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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99						
100						
TOTAL IND.		0		0		
TOTAL DEP.		0		0		0
TOTAL CLAIMS		0		0		0

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS